	OMB No. 112	1-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)	DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
May south	FORM COMPLETED BY:	
Name	Title	
Official Address	Telephone	
City	E-mail	
State Zip		

If no deaths occurred in 2017:

At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

Make copies of this form for each additional death.

Complete the entire form for each inmate death. Once your death records are complete, there are several ways to submit a death report:

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 ONLINE: Complete the report online at: https://bjsdcrp.rti.org

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org FAX (TOLL-FREE): (866) 800-9179

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

	STATE PRISON INMA	ATE DEATH REPORT 8. On what date was the inmate admitted to one 1. One of the inmate admitted to one of the inmate admitted the inmate
1.	What was the inmate's name? Ambrose Wilford LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 3 3 1 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die? 0 6 2 7 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Attempted PWD Schedule II b.
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: SAINT GABRIEL LA	c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 9 1 1 1 1 9 5 4 MONTH DAY YEAR	Yes No Don't Know
5.6.	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	11. Where did the inmate die? ☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere ☐ Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

soone of	revie	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death?
1		YES —— CONTINUE TO Q13 Evaluation complete—results are pending
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
		No evaluation is planned → CONTINUE TO Q13
	13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	V	Illness—Exclude AIDS-related deaths [Specify] ——— Cancer
2		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe] ———
		Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe] —
		Other cause(s) [Specify]
	14. When	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
]	d d	
	15. When	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)

					and the second	the follow
16.	Exclu servi	uding emergency care provided at the time of dear ces for the medical condition that caused his/her	th, did th death af	ie inmate ter admis	receive any of ssion to your co	the following medical prrectional facilities?
	0	NOT APPLICABLE—Cause of death was accidenta				
		a. Evaluated by physician/medical staff	YES	2	DON'T KNOW	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	Was	the cause of death the result of a pre-existing med	dical cor	ndition or	did the inmate	develop the condition
	"Pre-	admission? (If multiple conditions caused the decentric medical condition.")	atn and <u>a</u>	any of the	e conditions wei	re pre-existing, man
		NOT APPLICABLE—Cause of death was accidenta	al injury, ir	ntoxicatio	n, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
				100 mm m		
Plea	ise add	d any additional notes regarding this death here:	*		har ² ^e l p	

For		OMB No. 112	21-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)	DEATHS IN CUST STATE PRISON DEATH REF	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM COMPLE	TED BY:	
Name	1	Title	
Official Address		Telephone	
City		FAX	- \$ A
State Zip	E-mail	l.	

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

orizinzi edilipiete ure report elimile uti integerinjederpritiset.

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
4	Arkansas` George M	
	LAST FIRST MI	0 2 1 8 2 0 0 9
7391		MONTH DAY YEAR
1		
2.	On what date did the inmate die?	
9	0 3 1 4 2 0 1 7	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Purse Snatching
		b.
3.	What was the name and location of the	0.
	correctional facility involved?	c.
	Facility Name	d.
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER	e.
		S
	Facility City: Facility State:	
	SAINT GABRIEL LA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth?	Yes O No
	0 5 2 8 1 9 6 0	☑ Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a
	☑ Male	general housing unit on prison grounds In a segregation unit
	☐ Female	In a special medical unit/infirmary within your
		facility
6.	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within your facility
	origin?	☐ In a medical center outside your facility
	☐ Yes	☐ In a mental health center outside your facility ☐ While in transit
	☑ No	Elsewhere
		Please Specify:
7	In addition, what was the immetals ress? Places	
7.	In addition, what was the inmate's race? Please select one or more of the following racial	
	categories:	
	_	
	White	H i
	□ White☑ Black or African American	
	□ White□ Black or African American□ American Indian or Alaska Native	
	 White ☑ Black or African American ☐ American Indian or Alaska Native ☐ Asian 	
	 □ White □ Black or African American □ American Indian or Alaska Native □ Asian 	
	 □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander 	

Are the results of a medical examiner's or coroner's evaluately of medical records) available to establish an official	nation (such as an autopsy, postmortem exam, or all cause of death?
YES CONTINUE TO Q13	
☐ Evaluation complete—results are pending	
SKIP REMAINING QUESTIONS AND SUBN	IIT THIS FORM—YOU WILL BE CONTACTED AT A
□ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause	e of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify]	► Pulmonary edema
Acquired Immune Deficiency Syndrome (AIDS)	
Accidental alcohol/drug intoxication [Describe]	•
☐ Accidental injury to self [Describe] ————————————————————————————————————	•
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	• 1
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] ————————————————————————————————————	•
Other cause(s) [Specify]	
14. Where did the incident (e.g., accident, suicide, or homicid	e) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxi	cation, or AIDS-related
In the prison facility or on the prison grounds	
☐ In the inmate's cell/room☐ In a temporary holding area/lockup	
☐ In a common area within the facility (e.g., yard	, library, cafeteria)
[PLEASE] In a special medical unit/infirmary	
SPECIFY]	
 On death row, special unit awaiting capital pur 	nishment
Elsewhere within the prison facility	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Please Specify:	
Outside the prison facility (e.g., while on work release	or on work detail)
Elsewhere	
Please Specify:	
The state of the s	
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
NOT APPLICABLE—Cause of death was illness, into	
Morning (6 am to Noon)	
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)	
Overnight (Midnight to 6 am)	The second of th

d at the time of death, did	the inmate receive	your correctional facility
death was accidental injury	y, intoxication, suicide	, or normicide
		KNOW
		PLEASE PROVIDE A RESPONSE FOR
		EACH ITEM (a-f)
nedications		
ilical unit		The state of the s
of a pro existing medical a		
ions caused the death an	d <u>any</u> of the condition	ons were pre-existing, mark
death was accidental injury	y, intoxication, suicide	, or homicide
after admission		
<u> </u>		, 1800; I NO - 18 /
this death here:	- Carrier - 1977	
		ar see to the
	death was accidental injury YES lical staff	f a pre-existing medical condition or did the inions caused the death and any of the condition death was accidental injury, intoxication, suicide after admission

E-mail

FAX

If no deaths occurred in 2017:

Form NPS-4A (Addendum)

Name

Official Address

City

State

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

Zip

- Make copies of this form for each additional death.
- · Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

_	the wind of the sould be received.		Or what data was the inmate admitted . V
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Bock Donald R		your concentration
ş	LAST FIRST MI		
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 3 2 2 2 0 1 7	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR	J.	
			Verilicular Florificiae
	William and I and I and I and I		b. S-Escape Agg Escape
3.	What was the name and location of the correctional facility involved?		c. Unautho use of a motor vehicle
			d.
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER		e.
	E (E) E ₁ = 5		
	Facility City: Facility State:		
	SAINT GABRIEL LA	10	Since admission, did the least to the
		10.	Since admission, did the inmate ever stay overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?		O No
	0 7 2 4 1 9 5 7		☑ Don't Know
	MONTH DAY YEAR		
		11.	Where did the inmate die?
5.	What was the inmate's sex?		In a general housing unit in the facility or in a
	☑ Male		general housing unit on prison grounds
	☐ Female		In a segregation unitIn a special medical unit/infirmary within your
			facility
6.	Was the inmate of Hispanic, Latino, or Spanish		 In a special mental health services unit within your facility
	origin?		In a medical center outside your facility
	☐ Yes		In a mental health center outside your facilityWhile in transit
	☑ No		☐ Elsewhere
		3 - 4	Please Specify:
7.	In addition, what was the inmate's race? Please	1	
	select one or more of the following racial		
	categories:	1 1	
	☑ White☐ Black or African American		
	☐ American Indian or Alaska Native		
	Asian		
	□ Native Hawaiian or Pacific Islander□ Some other race	2	
	Please Specify:		
17 3 - 7 5	CAMMANDANING TO PERFORM THE PERFORMANCE OF THE PERF	8	A 100 To

1	12.	Are th	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?
			YES —— CONTINUE TO Q13 Evaluation complete—results are pending
			SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	j.		No evaluation is planned → CONTINUE TO Q13
	13.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
			Illness—Exclude AIDS-related deaths [Specify] ——— Cancer
			Acquired Immune Deficiency Syndrome (AIDS)
		÷	Accidental alcohol/drug intoxication [Describe] ———
		9	Accidental injury to self [Describe]
		-	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
			Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		*	Homicide [Describe]
	ş.	-	Other cause(s) [Specify]
٦			
	14.	Where ☑	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		0	In the prison facility or on the prison grounds
			☐ In the inmate's cell/room ☐ In a temporary holding area/lockup
	(D)	EASE	☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary
		ECIFY]	
			On death row, special unit awaiting capital punishment
			Elsewhere within the prison facility Please Specify:
		_	Outside the prices facility (e.g., while on work release or an work detail)
		Ē	Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
			Please Specify:
L	L 107 - 10	2 744	
	15.	_	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
		Ŀ	- Tro Francisco de adam vido infloso, infolioadon, of Filipo Foliated
			Afternoon (Noon to 6 pm)
		0	

	NOT	APPLICA	BLE—Ca	use of d	eath was	accidenta	l injury, ir	ntoxicatio	on, suicide, or l		
	b. C c. M d. T e. S	valuated background by the discations of the discations of the discations of the discation	ests (e.g.,	, X-rays, than me	MRI) edications			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		PLEAS. RESPO	E PROVIDI NSE FOR TEM (a-f)
7 14/	41		-4h 4h							4- develop	the condit
7. was	tne c						dical car	idition o	r did the inma	te develop	the condit
after	admi	ssion? (If	multiple	conditio	a pre-exi ons cause	ed the dea	ath and a	any of th	e conditions	were pre-ex	risting, ma
"Pre-	admi exist	ssion? (If ing medic	multiple al conditi	conditic ion.")	ons cause	ed the dea	ath and <u>a</u>	any of th	e conditions (were pre-ex	risting, ma
after <i>"Pr</i> e-	admi exist	ssion? (If ing medic FAPPLICA	multiple al conditi BLE—Ca	condition.") nuse of d	ons cause	ed the dea	ath and <u>a</u>	any of th	on, suicide, or h	were pre-ex	risting, ma
"Pre-	Admi exist NO Pre- Dec	ssion? (If ing medic	multiple of all conditions BLE—Candical correlations correctly co	condition.") use of dindition indition	ons cause	ed the dea	ath and <u>a</u>	any of th	e conditions (were pre-ex	isting, ma
"Pre-	Pre- Cou	ssion? (If ing medic FAPPLICA existing meased devold not be con-	multiple of all conditions of the condition of the condit	condition ion.") nuse of d indition indition a	eath was	accidenta	ath and <u>a</u>	any of th	e conditions (were pre-ex	risting, ma
"Pre-	Pre- Cou	ssion? (If ing medic APPLICA existing meased dev	multiple of all conditions of the condition of the condit	condition.") nuse of dindition andition a	eath was	accidenta	ath and <u>a</u>	any of th	e conditions (were pre-ex	isting, ma
"Pre-	Pre- Cou	ssion? (If ing medic FAPPLICA existing meased devold not be con-	multiple of all conditions of the condition of the condit	condition.") nuse of dindition andition a	eath was	accidenta	ath and <u>a</u>	any of th	e conditions (were pre-ex	risting, ma
"Pre-	Pre- Cou	ssion? (If ing medic FAPPLICA existing meased devold not be con-	multiple of all conditions of the condition of the condit	condition.") nuse of dindition andition a	eath was	accidenta	ath and <u>a</u>	any of th	e conditions (were pre-ex	risting, ma
"Pre-	Pre- Cou	ssion? (If ing medic FAPPLICA existing meased devold not be con-	multiple of all conditions of the condition of the condit	condition.") nuse of dindition andition a	eath was	accidenta	ath and <u>a</u>	any of th	e conditions (were pre-ex	isting, ma
"Pre-	Pre- Cou	ssion? (If ing medic FAPPLICA existing meased devold not be con-	multiple of all conditions of the condition of the condit	condition.") nuse of dindition andition a	eath was	accidenta	ath and <u>a</u>	any of th	e conditions (were pre-ex	risting, ma

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2017 STATE PRISON INMATE **DEATH REPORT**

U.S. DEPARTMENT OF JUSTICE **BUREAU OF JUSTICE STATISTICS** AND ACTING AS COLLECTION AGENT: **RTI INTERNATIONAL**

-	the man was		4	
	FORM COMPLE	TED BY:		,
Name		Title		
Official Address		Telephone		\exists
City		FAX		j
State	Zip E-mail			

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.7		1	
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Clabaugh Lloyd T	2	
	LAST FIRST MI		0 2 2 7 2 0 1 2
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 5 0 8 2 0 1 7	Ι.	For what affance(a) was the inmate being held?
		9.	For what offense(s) was the inmate being held?
,	MONTH DAY YEAR		a. Indecent behavior Juveniles
			b.
_	1811 - 4 4b		0.
3.	What was the name and location of the correctional facility involved?	1	c.
	Correctional facility involved?		
a .	Facility Name:		d.
	ELAYN HUNT CORRECTIONAL CENTER		e.
	ELECTIVITION CONTROL CENTER		
	Facility City: Facility State:		
	SAINT GABRIEL LA		
		10.	Since admission, did the inmate ever stay
,		7	overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?		O No
			□ Don't Know
2			
-	MONTH DAY YEAR		
1		11	Where did the inmate die?
5.	What was the inmate's sex?	' ''	
٥.	What was the minate's sex?		☑ In a general housing unit in the facility or in a
a -	☑ Male		general housing unit on prison grounds In a segregation unit
	☐ Female		☐ In a special medical unit/infirmary within your
			facility
į.			☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish		your facility
	origin?		In a medical center outside your facility
1	Yes	1	☐ In a mental health center outside your facility
5	☑ No	1	☐ While in transit☐ Elsewhere
			1 4 4
			Please Specify:
7.	In addition, what was the inmate's race? Please		
	select one or more of the following racial	1	
,	categories:	1	
1	☑ White		
ì	☐ Black or African American		
i i	American Indian or Alaska Native	,	
	Asian		
ħ,	Native Hawaiian or Pacific Islander	8	
	Some other race	1	
	Please Specify:	10	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	control of the contro	11	

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?				
 YES				
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH				
□ No evaluation is planned → CONTINUE TO Q13				
12 111 1 11 11 11 11 11 11 11 11 11 11 1				
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***				
✓ Illness—Exclude AIDS-related deaths [Specify] — Heart Attack				
Acquired Immune Deficiency Syndrome (AIDS)				
☐ Accidental alcohol/drug intoxication [Describe] ————				
☐ Accidental injury to self [Describe] →				
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]				
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]				
☐ Homicide [Describe] →				
Other cause(s) [Specify]				
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?				
 ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related ☑ In the prison facility or on the prison grounds 				
☐ In the inmate's cell/room				
☐ In a temporary holding area/lockup ☐ In a common area within the facility (e.g., yard, library, cafeteria)				
[PLEASE] In a special medical unit/infirmary				
☐ In a segregation unit				
On death row, special unit awaiting capital punishment Elsewhere within the prison facility				
Please Specify:				
Outside the prison facility (e.g., while on work release or on work detail)				
Elsewhere				
Please Specify:				
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?				
☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related				
Morning (6 am to Noon)				
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)				
Overnight (Midnight to 6 am)				

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?						
0	NOT APPLICABLE—Cause of death was accidental	l injury, in	toxicatio	n, suicide, or hor	nicide	
	a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
after	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")					
	NOT APPLICABLE—Cause of death was accidenta	l injury, in	itoxicatio	n, suicide, or hon	nicide	
000	Pre-existing medical condition Deceased developed condition after admission Could not be determined					
Please add	d any additional notes regarding this death here:					

E-mail

If no deaths occurred in 2017:

State

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

Zip

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

		/ 33
1.	What was the inmate's name? Crow Paul LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?
2.	On what date did the inmate die? 0 3 3 0 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Aggravated Battery b.
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: SAINT GABRIEL LA	c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 0 2 2 1 9 8 5 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
 6. 	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	11. Where did the inmate die? ☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere ☐ Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
 YES → CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
□ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] — Cardiopulmonary Failure
Acquired Immune Deficiency Syndrome (AIDS)
□ Accidental alcohol/drug intoxication [Describe] →
□ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds
☐ In the inmate's cell/room ☐ In a temporary holding area/lockup
☐ In a common area within the facility (e.g., yard, library, cafeteria)
SPECIFY
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
The second of th
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
Afternoon (Noon to 6 pm)
Evening (6 pm to Midnight) Overnight (Midnight to 6 am)

16.	Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
		NOT APPLICABLE—Cause of death was acciden	tal injury, i	ntoxicatio	n, suicide, or hor	nicide
		a. Evaluated by physician/medical staff	YES	2 N N N N	DON'T KNOW	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing madmission? (If multiple conditions caused the dexisting medical condition.")	edical cor eath and g	ndition o any of th	r did the inmate e conditions we	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was acciden	tal injury, i	ntoxicatio	n, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Ple	ase ado	I any additional notes regarding this death here:				
,						
*	10 50		-		* 4	
					a the endowing	

E-mail

If no deaths occurred in 2017:

State

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

Zip

- Make copies of this form for each additional death.
- · Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100

> 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's name? Dorsey Paul LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 4 0 7 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die? 0 3 1 1 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Indec Behavior Juveniles b.
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: SAINT GABRIEL LA	c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 2 1 7 1 9 3 3 MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know 11. Where did the inmate die?
5.	What was the inmate's sex? ☑ Male ☐ Female	☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No	your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?			
☐ YES — CONTINUE TO Q13 ☐ Evaluation complete—results are pending			
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH			
✓ No evaluation is planned → CONTINUE TO Q13			
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***			
✓ Illness—Exclude AIDS-related deaths [Specify] ——— Pneumonia			
Acquired Immune Deficiency Syndrome (AIDS)			
☐ Accidental alcohol/drug intoxication [Describe] →			
☐ Accidental injury to self [Describe] —————			
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]			
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]			
☐ Homicide [Describe] —————			
Other cause(s) [Specify]			
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:			
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?			
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related			
Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) Overnight (Midnight to 6 am)			

16.	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
	0	NOT APPLICABLE—Cause of death was accident	tal injury, ir	ntoxicatio	n, suicide, or hor	micide
ı		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
						<i>1.</i>
17.	after a	the cause of death the result of a pre-existing madmission? (If multiple conditions caused the dexisting medical condition.")	eath and <u>a</u>	any of th	e conditions we	re pre-existing, mark
		NOT APPLICABLE—Cause of death was acciden	tal injury, ii	ntoxicatio	on, suicide, or hor	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Ple	ase add	any additional notes regarding this death here:				

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT:

9	Mary control		
	FC	ORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

•	•	·		
	•			
		è		

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Farrar Albert D	your correctional facilities?
	LAST FIRST MI	0 5 1 8 1 9 8 7 MONTH DAY YEAR
2.	On what date did the inmate die? 1 2 3 0 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Battery of Police officer b.
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER	c. d. e.
	Facility City: Facility State: SAINT GABRIEL LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 1 2 3 1 9 5 8 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? ☑ Male ☐ Female	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere ☐ Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

12.	. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
	☑ YES — → CONTINUE TO Q13
	□ Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
	LATER TIME FOR THE CAUSE OF DEATH
	□ No evaluation is planned → CONTINUE TO Q13
13.	. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	☑ Illness—Exclude AIDS-related deaths [Specify] — Cardiopulmonary Arrest
	Acquired Immune Deficiency Syndrome (AIDS)
	□ Accidental alcohol/drug intoxication [Describe] →
	□ Accidental injury to self [Describe] →
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
-	☐ Homicide [Describe] ————
	Other cause(s) [Specify]
[F	Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15.	. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? □ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related □ Morning (6 am to Noon) □ Afternoon (Noon to 6 pm) □ Evening (6 pm to Midnight) □ Overnight (Midnight to 6 am)

16. Excl serv	uding emergency care provided at the time of d ices for the medical condition that caused his/h	leath, did the inm er death after ad	ate receive any of mission to your co	the following medical prectional facilities?
	NOT APPLICABLE—Cause of death was accide	ental injury, intoxica	ation, suicide, or hor	micide
	a. Evaluated by physician/medical staff			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after	the cause of death the result of a pre-existing admission? (If multiple conditions caused the existing medical condition.")			
	NOT APPLICABLE—Cause of death was accide	ental injury, intoxica	ation, suicide, or ho	micide
0	Deceased developed condition after admission			
Please ad	d any additional notes regarding this death here:			
2				

Form NPS-4A



DEATHS IN CUSTODY—2017 STATE PRISON INMATE

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS

(Add	endum)		DEATH REP		RTI INTERNATIONAL
			FORM COMPLE	TED BY:	
Name				Title	
Official Address			7	Telephone	
City	* 1		The state of the s	FAX	6
State	p	Zip	E-mail	2 2	

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's name? Foster Joseph V LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?
2.	On what date did the inmate die? 0 5 1 7 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Agg Kidnapping b.
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State: SAINT GABRIEL LA	c. d. e.
4.	What was the inmate's date of birth? 0 5 2 2 1 9 5 2 MONTH DAY YEAR	10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☐ Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	 ☑ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Some other race ☐ Please Specify: 	

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
YES — CONTINUE TO Q13 Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cancer
☐ Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] ————
☐ Other cause(s) [Specify] →
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds
☐ In the inmate's cell/room ☐ In a temporary holding area/lockup
☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY] In a special medical unit/infirmary In a special mental health services unit
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
© Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
A constant of the constant of
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
Afternoon (Noon to 6 pm)
☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16. Exclu servi	uding emergency care provided at the time of death, ices for the medical condition that caused his/her de	ath after	r admiss	ion to your cor	rectional facilities?
0	NOT APPLICABLE—Cause of death was accidental in	njury, into	oxication,	suicide, or hom	nicide
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after	the cause of death the result of a pre-existing medic admission? (If multiple conditions caused the death existing medical condition.")	al cond and <u>an</u>	ition or o	did the inmate of conditions wer	develop the condition te pre-existing, mark
	NOT APPLICABLE—Cause of death was accidental in	njury, into	oxication,	suicide, or hom	nicide
	Deceased developed condition after admission	9 9 - 4			
	Action (M. Control of			, ,	
Please add	d any additional notes regarding this death here:				
					•
					19.00
a Recollections of		of the book	a to Little	e per de deserva de la composição de la	the comment of the same

(A) NPC	On	MB No. 1121-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)	DEATHS IN CUSTODY—201 STATE PRISON INMATE DEATH REPORT	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM COMPLETED BY:	
Name	Tit	le
Official Address	Telephor	ie .
City	FA	
State Zip	E-mail	

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

٠ / ٧
Are the results
4re the
nate admitted to one of
inmate ever stay
? ng unit in the facility or in a nit on prison grounds nit al unit/infirmary within your
al health services unit within er outside your facility center outside your facility
i

Morning (6 am to Noon)
 Afternoon (Noon to 6 pm)
 Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

0	NOT APPLICABLE-	-Cause of death w	as accidental inj	ury, intoxica	ation, suicide, or l	homicide
	a. Evaluated by phy b. Diagnostic tests (c. Medications d. Treatment/care of e. Surgery f. Confinement in s	(e.g., X-rays, MRI)ther than medicatio	ns			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after	admission? (If multi	ple conditions cau	existing medica	al condition and <u>any</u> of	or did the inma	te develop the conditio
	existing medical co	,				
	NOT APPLICABLE- Pre-existing medical Deceased develope Could not be determ	Cause of death was condition decondition after ad		ury, intoxica	ition, suicide, or h	nomicide
	NOT APPLICABLE- Pre-existing medical Deceased developed	Cause of death was condition death addition after additional additi	mission	ury, intoxica	ition, suicide, or h	nomicide
	NOT APPLICABLE- Pre-existing medical Deceased develope Could not be determ	Cause of death was condition death addition after additional additi	mission	ury, intoxica	tion, suicide, or h	nomicide
	NOT APPLICABLE- Pre-existing medical Deceased develope Could not be determ	Cause of death was condition death addition after additional additi	mission	ury, intoxica	tion, suicide, or h	nomicide



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

U.S. DEPARTMENT OF JUSTICE-BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT:

		8 th Marie To Pare		, ,	RITINTERNATIONAL
			FORM COMPLE	TED BY:	
	311	grade a construction	ye (pull-		4.1 y
Name	i			Title	
Official Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Telephone	
City	ř	The second of the second		FAX	
State		Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

_	And the second s	7
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Gaston Robert	your correctional facilities?
	LAST FIRST MI	0 6 0 3 1 9 8 1
		MONTH DAY YEAR
2		
2.	On what date did the inmate die?	
	0 9 2 0 2 0 1 7	9. For what offense(s) was the inmate being held?
ĺ	MONTH DAY YEAR	a. Aggravated Rape
		b
3.	What was the name and location of the	c.
	correctional facility involved?	
	Facility Name:	d
	ELAYN HUNT CORRECTIONAL CENTER	e.
	Facility City: Facility State:	
	SAINT GABRIEL LA	
	SAINT SABITIEL LA	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		Yes
4.	What was the inmate's date of birth?	No No
		☑ Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a
	☑ Male	general housing unit on prison grounds
	☐ Female	☐ In a segregation unit
		In a special medical unit/infirmary within your facility
	그리 그 그 이 이 이 아이는 살이 살아서 살아왔다면 했다.	In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	☐ In a medical center outside your facility
	☐ Yes	☐ In a mental health center outside your facility ☐ While in transit
	☑ No	☐ Elsewhere
		Please Specify:
	네 네트 하다 나라는 이 사람이 사용하게 되었다.	I lease Specify.
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	☐ White	
	☑ Black or African American	
	☐ American Indian or Alaska Native	
	AsianNative Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	
	A CONTRACTOR OF THE CONTRACTOR	
	antarian a managaman a mana Managaman a managaman a ma	Visited below 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem review of medical records) available to establish an official cause of death?	exam, or
✓ YES ——→ CONTINUE TO Q13	
□ Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTA	CTED AT
LATER TIME FOR THE CAUSE OF DEATH	CIED AT A
☐ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
1 1 12	
☑ Illness—Exclude AIDS-related deaths [Specify] ———— Cardiac Arrest	
Acquired Immune Deficiency Syndrome (AIDS)	
■ Accidental alcohol/drug intoxication [Describe] →	
Accidental injury to self [Describe]	,
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
□ Homicide [Describe] →	
Other cause(s) [Specify]	
14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
☐ In the inmate's cell/room	
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)	
IPLEASE In a special medical unit/infirmary	
SPECIFYI	
On death row, special unit awaiting capital punishment	
Elsewhere within the prison facility Please Specify:	
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere 	
Please Specify:	
Section of the sectio	
	The same of the same
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?	
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
 ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related ☑ Morning (6 am to Noon) 	
 ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related ☑ Morning (6 am to Noon) 	

16.	Exclu servi	ces for the medical	condition that caused	d his/her death	after admi	551011 to your o	f the following medical orrectional facilities?
1	0	NOT APPLICABLE	-Cause of death was	accidental injury	, intoxication	on, suicide, or ho	omicide
		b. Diagnostic testsc. Medicationsd. Treatment/caree. Surgery	ysician/medical staff (e.g., X-rays, MRI) other than medications special medical unit	N N N N			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death admission? (If multi-existing medical co	iple conditions cause	sting medical o	ondition o	r did the inmate e conditions w	e develop the condition ere pre-existing, mark
		NOT APPLICABLE	—Cause of death was	accidental injury	, intoxication	on, suicide, or ho	omicide
		•	ed condition after admis	ssion			
Plea	ase ad	d any additional notes	regarding this death h	ere:			
						Personal years	
	¥:1						



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT:

	"On consent			
		FORM COMPLET	TED BY:	
Name			Title	
Official Address	The second of th		Telephone	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
City	growing to the first of the growing to		FAX	
State	Zip	E-mail	F. 17	

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bisdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's name? Gertenschologer Darrell FIRST MI	8.	On what date was the inmate admitted your correctional facilities? O 1 2 8 1 9 8 0 MONTH DAY YEAR	_
2.	On what date did the inmate die? 1 2 2 5 2 0 1 7 MONTH DAY YEAR	9.	For what offense(s) was the inmate I a. First Degree Murder b.	being held?
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER		c. d. e.	
	Facility City: Facility State: SAINT GABRIEL LA	10.	Since admission, did the inmate eve overnight in a mental health facility?	
4.	What was the inmate's date of birth? 1 1 2 6 1 9 3 8 MONTH DAY YEAR		☐ Yes ☐ No ☑ Don't Know	
		11.	Where did the inmate die?	
5.6.	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	Account of the Control of the Contro	 In a general housing unit in the general housing unit on prisor In a segregation unit In a special medical unit/infirm facility In a special mental health servour facility In a medical center outside your facility In a mental health center outs While in transit Elsewhere 	n grounds nary within your vices unit within our facility
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:			
	 ☑ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Some other race ☐ Please Specify: 			

12.	Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
	☐ YES — CONTINUE TO Q13 ☐ Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
,	☑ No evaluation is planned → CONTINUE TO Q13
13.	What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cancer
	Acquired Immune Deficiency Syndrome (AIDS)
	☐ Accidental alcohol/drug intoxication [Describe] ———
	☐ Accidental injury to self [Describe] →
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	☐ Homicide [Describe] →
	Other cause(s) [Specify]
14.	Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
	 NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds
	│
	☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
	PLEASE In a special medical unit/infirmary
SI	PECIFYI In a special mental health services unit
	On death row, special unit awaiting capital punishment Elsewhere within the prison facility
	Please Specify:
	The state of the s
	Outside the prison facility (e.g., while on work release or on work detail)Elsewhere
	Please Specify:
1 5 8 / Name	
Total Control	The second of th
15.	When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm)
	☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16.	Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?
	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit
17.	Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
·	 □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined
Die	
Piea	ase add any additional notes regarding this death here:

OMB No. 1121-0249 Approval Expires 03/31/2019 Form NPS-4A U.S. DEPARTMENT OF JUSTICE **DEATHS IN CUSTODY—2017** (Addendum) **BUREAU OF JUSTICE STATISTICS** STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: DEATH REPORT **RTI INTERNATIONAL** FORM COMPLETED BY: Name Title Official Telephone Address FAX City State E-mail Zip

Instructions for Completion

If no deaths occurred in 2017:

- · You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- · Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's n	ame?	8	. On wh	at date was the inmate admitted to one of
	Gill	Bruce		your c	offectional facilities.
	LAST	FIRST	MI	0 6	8 0 2 2 0 1 0
				MONTH	DAY YEAR
2	On what date did the inm	ata dia 2			
2.					The same of the same state of
	0 1 1 0 2	0 1 7	9		nat offense(s) was the inmate being held?
	MONTH DAY YEAR	*		a.	DI T schedule II
				b.	Simple Burglary
3.	What was the name and I			C.	
	correctional facility invol	ved?		d.	
	Facility Name:				
	ELAYN HUNT CORRE	ECTIONAL CENT	ER	e.	
	Facility City:	Facility	State:		
	SAINT GABRIEL	LA			
					admission, did the inmate ever stay
				_	ght in a mental health facility?
4.	What was the inmate's da	ate of hirth?		() ()	Yes No
	0 1 2 8 1	9 5 6		Ō	- 10 T
	MONTH DAY YEAR				
			- 3		
			1	1. Where	did the inmate die?
5.	What was the inmate's se	ex?			generally of the a
	☑ Male □ Female				general housing unit on prison grounds In a segregation unit
	☐ Female				In a special medical unit/infirmary within your
					facility In a special mental health services unit within
6.	Was the inmate of Hispan	ic, Latino, or Spani	sh		your facility
	origin?			0	
	☐ Yes				
	☑ No				Elsewhere
					Please Specify:
7.	In addition, what was the	inmate's race? Plea	se		
	select one or more of the				
	categories:				
	☐ White	mariaan	1		
	Black or African ArAmerican Indian or				
	Asian				
	□ Native Hawaiian o□ Some other race	r Pacific Islander			
	Some other race Please Specif	fv:			
	, rease specific	Je			
		A second	1		A service of the serv

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or
review of medical records) available to establish an official cause of death? ☑ YES → CONTINUE TO Q13
Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
☐ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cardiac Arrest secondary to intracerebral h
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ———
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify] ————
44. Where did the incident (constitution of the death tale along the
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related.
- NOT ALL ELONDEE Coddse of dealth was limiteds, intoxication, of Albertalace
In the prison facility or on the prison grounds (
☐ In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
[PLEASE In a special medical unit/minimary SPECIFY]
☐ In a segregation unit
On death row, special unit awaiting capital punishment Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere
Please Specify:
AE When did the incident (on accident opicide on bemiside) consider the death of the
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16.	Exclu servi	ding emergency care provided at the time of d ces for the medical condition that caused his/h	eath, did the er death aft	e inmate er admis	receive any of sion to your co	the following medical prrectional facilities
2		NOT APPLICABLE—Cause of death was accide	ntal injury, ir	ntoxication	, suicide, or ho	micide
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing radmission? (If multiple conditions caused the existing medical condition.")	death and <u>a</u>	nny of the	conditions we	re pre-existing, mark
1		NOT APPLICABLE—Cause of death was accide	ental injury, ir	ntoxication	, suicide, or hor	micide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Ple	ase ad	d any additional notes regarding this death here:				
		a say, a say a				
1						
1						



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL

_							
F	OF	₹М	CO	MΡΙ	E	ΓED	BY:

	grade was a second of the seco		
Name		Title	4
Official Address		Telephone	\$1 A. W
City		FAX	21. 1 s
State	Zip E-mail		

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard

Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Gross Byron	your correctional facilities?
	LAST FIRST MI	0 4 0 5 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 4 1 5 2 0 1 7	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. First Degree Veh Negligence
		b
3.	What was the name and location of the correctional facility involved?	C.
		d.
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER	е.
	Facility City: Facility State:	
	SAINT GABRIEL LA	
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	☑ No ☑ Don't Know
	0 6 0 8 1 9 6 3 MONTH DAY YEAR	
	MONTH DAT TEAM	
5.	What was the inmate's sex?	11. Where did the inmate die?
J.	✓ Male	In a general housing unit in the facility or in a general housing unit on prison grounds
	Female	In a segregation unitIn a special medical unit/infirmary within your
		facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	 □ In a medical center outside your facility □ In a mental health center outside your facility
	☐ Yes ☑ No	☐ While in transit☐ Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	White	
	☑ Black or African American☐ American Indian or Alaska Native	
	AsianNative Hawaiian or Pacific Islander	
	☐ Some other race	
	Please Specify:	

12. Are the results of a medical examiner's or coroner's evaluate review of medical records) available to establish an official	ation (such as an autopsy, postmortem exam, or cause of death?
☐ YES —— CONTINUE TO Q13 ☐ Evaluation complete—results are pending	
	T THIS FORM—YOU WILL BE CONTACTED AT A
☑ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause	of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify]	Cancer
Acquired Immune Deficiency Syndrome (AIDS)	
Accidental alcohol/drug intoxication [Describe]	•
☐ Accidental injury to self [Describe] →	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] —	
Other cause(s) [Specify]	
14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide	e) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxic	
In the prison facility or on the prison grounds	
☐ In the inmate's cell/room☐ In a temporary holding area/lockup	
IPLEASE In a common area within the facility (e.g., yard, In a special medical unit/infirmary	library, cafeteria)
SPECIFYI In a special mental health services unit In a segregation unit	
 On death row, special unit awaiting capital punit 	ishment
Elsewhere within the prison facility Please Specify:	to the company of the
Please Specily.	
Outside the prison facility (e.g., while on work release	or on work detail)
☐ Elsewhere Please Specify:	
A to the second	The state of the s
15. When did the incident (e.g., accident, suicide, or homicide)	
✓ NOT APPLICABLE—Cause of death was illness, intox ✓ Manager (6 and to News)	ilication, of AIDO-related
Morning (6 am to Noon)Afternoon (Noon to 6 pm)	
Evening (6 pm to Midnight)Overnight (Midnight to 6 am)	

16.	Exclu	uding emergency care provided at the time of dea ces for the medical condition that caused his/her	ith, did the i	nmate red admissio	ceive any of the new court co	the following medical rrectional facilities?
	servi	NOT APPLICABLE—Cause of death was accidented				
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	YES	00 D	ON'T KNOW	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	•	eath and <u>an</u>	of the co	naitions wei	e pre-existing,
Plea	se ad	d any additional notes regarding this death here:		Chargo Constitution (Constitution Constitution Constituti	tary sur	



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT:

RTI INTERNATIONAL

	FORM COMPLETED BY:						
Name			Title				
Official Address			Telephone				
City		,	FAX				
State	Zip	E-mail					

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's n	ame?	8.	On wh	nat da	te was the inmate admitted to one of
	Harris	Deshawn		your	correc	tional facilities?
	LAST	FIRST MI	1	0	1	2 0 2 0 1 5
				MONTH	1	DAY YEAR
2.	On what date did the inm	nate die?				
٠.	1 0 1 2 2	0 1 7		Far	h-4 -6	farranta haine hald?
	MONTH DAY YEA		9.	a.		fense(s) was the inmate being held?
					Sim	ple Robbery
_			6	b.		
3.	What was the name and correctional facility invol			c.		
				d.		
	Facility Name: ELAYN HUNT CORRI	ECTIONAL CENTED		e.		
	6 ,					
	Facility City:	Facility State:				
	SAINT GABRIEL	LA	10	Since	admi	ssion, did the inmate ever stay
						a mental health facility?
				ġ		
4.	What was the inmate's da	ate of birth?		0		n't Know
	0 7 2 4 1	9 8 1			, 50,	400 V. 100 V
	MONTH DAY YEAR	R				
			11.	Where	did t	he inmate die?
5.	What was the inmate's se	ex?		0	l In a	general housing unit in the facility or in a
	☑ Male					eral housing unit on prison grounds segregation unit
	☐ Female			0		special medical unit/infirmary within your
					faci	lity special mental health services unit within
6.	Was the inmate of Hispar	nic, Latino, or Spanish				r facility
	origin?					medical center outside your facility mental health center outside your facility
	☐ Yes ☑ No			0		ile in transit
	<u></u> 110				Else	ewhere
						Please Specify:
7.	In addition, what was the select one or more of the categories:					
	☐ White					
	☐ Black or African Ar					
	American Indian of Asian	Alaska Inalive				
	Native Hawaiian or	r Pacific Islander				
	Some other race Please Specific	iv:				
	, rease apecin					
			H			

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?	or
☐ YES —→ CONTINUE TO Q13	
Evaluation complete—results are pending	
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A	AI A
✓ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
☐ Illness—Exclude AIDS-related deaths [Specify] ———	,
Acquired Immune Deficiency Syndrome (AIDS)	
☐ Accidental alcohol/drug intoxication [Describe] ———	
☐ Accidental injury to self [Describe] →	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] —————	
Other cause(s) [Specify]	
14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?	
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
In the prison facility or on the prison grounds	
☐ In the inmate's cell/room ☐ In a temporary holding area/lockup	
☐ In a common area within the facility (e.g., yard, library, cafeteria)	
[PLEASE SPECIFY] In a special medical unit/infirmary SPECIFYI In a special medical unit/infirmary	
SPECIFY U In a special mental health services unit U In a segregation unit	
On death row, special unit awaiting capital punishment	
Elsewhere within the prison facility	
Please Specify:	
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere 	
Please Specify:	
And the second s	
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
☐ Morning (6 am to Noon)	
☐ Afternoon (Noon to 6 pm)	
☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)	

16.	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?							
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
, ,		A. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit						
17.		the cause of death the result of a pre-existing medical condition or did the inmate develop the condition						
		admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark -existing medical condition.")						
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
		Deceased developed condition after admission						
Ple	ase ad	d any additional notes regarding this death here:						
1								

OMB No. 1121-0249 Approval Expires 03/31/2019

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL

FORM COMPLETED BY:

TO A CONTROL OF THE PARTY OF TH

Name		Title	* * * * * * * * * * * * * * * * * * *
Official Address		Telephone	
City		FAX	
State	Zip E-mail		

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- · Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's name?	8.	On wha	t date was the inmate admitted to one of
	Hart Michael	Ι.	,	
	LAST FIRST MI		молтн	2 0 2 0 0 8 DAY YEAR
2.	On what date did the inmate die?			
	0 6 0 6 2 0 1 7	9.	-	at offense(s) was the inmate being held?
	MONTH DAY YEAR	,	a. [b. [Distribution Poss Sched II
3.	What was the name and location of the correctional facility involved?		c. [
	Facility Name:		d. [
	ELAYN HUNT CORRECTIONAL CENTER		e.	4
	Facility City: Facility State: SAINT GABRIEL LA			
		10.	Since a overnig	dmission, did the inmate ever stay the in a mental health facility?
1	M/hat was the immetals date of high?			Yes
4.	What was the inmate's date of birth?		O	Don't Know
	0 6 1 0 1 9 5 3 MONTH DAY YEAR			
	MONTH DAT TEAK			
		11.	Where	did the inmate die?
5.	What was the inmate's sex?			In a general housing unit in the facility or in a
	☑ Male □ Female		197	general housing unit on prison grounds In a segregation unit
	☐ Female		_	In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish			In a special mental health services unit within your facility
	origin?			In a medical center outside your facility
	☐ Yes			In a mental health center outside your facility While in transit
	☑ No		ō	Elsewhere
				Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:			
	 □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander 			
	Some other race Please Specify:			
	riease Specify:	1		

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?	
 ✓ YES	
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A	1
□ No evaluation is planned → CONTINUE TO Q13	
	7
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
☑ Illness—Exclude AIDS-related deaths [Specify] — Mild Cardiomegaly and pulmonary edema	
Acquired Immune Deficiency Syndrome (AIDS)	
■ Accidental alcohol/drug intoxication [Describe] ———	
☐ Accidental injury to self [Describe] →	7
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] ————	
Other cause(s) [Specify]	
	_
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?	
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	ž
☐ In the prison facility or on the prison grounds ☐ ☐ In the inmate's cell/room	
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)	
[PLEASE] In a special medical unit/infirmary	
SPECIFYI	J
On death row, special unit awaiting capital punishment	
Elsewhere within the prison facility Please Specify:	-
The second secon	4
Outside the prison facility (e.g., while on work release or on work detail) Elsewhere	
Please Specify:	
	d
45. When did the incident /our conident evicide or hemicide) couring the death cour?	1
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
☐ Morning (6 am to Noon)	
Afternoon (Noon to 6 pm)	
Evening (6 pm to Midnight) Overnight (Midnight to 6 am)	

16.	Exclu	uding emergency care provided at the time of dea	ath, did th death af	e inmate ter admis	receive any of ssion to your co	the following medical rrectional facilities?
	0	NOT APPLICABLE—Cause of death was accident	al injury, i	ntoxicatio	n, suicide, or hor	nicide
*		a. Evaluated by physician/medical staff	YES	NO 	DON'T KNOW	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the de-existing medical condition.") NOT APPLICABLE—Cause of death was accident Pre-existing medical condition	eath and <u>a</u>	any of th	e conditions we	re pre-existing, mark
		Deceased developed condition after admission Could not be determined	18			,
Plea	se add	d any additional notes regarding this death here:				
r.						
,						



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL

F	OF	MS	CO	MP	LET	FD	BY:
•	•		-				\mathbf{o}

Name		7	Title	
Official Address		1	Telephone	
City			FAX	3
State	Zip	E-mail	,	

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- · Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report;

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

FAX (TOLL-FREE): (866) 800-9179

E-MAIL: bjsdcrp@rti.org

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

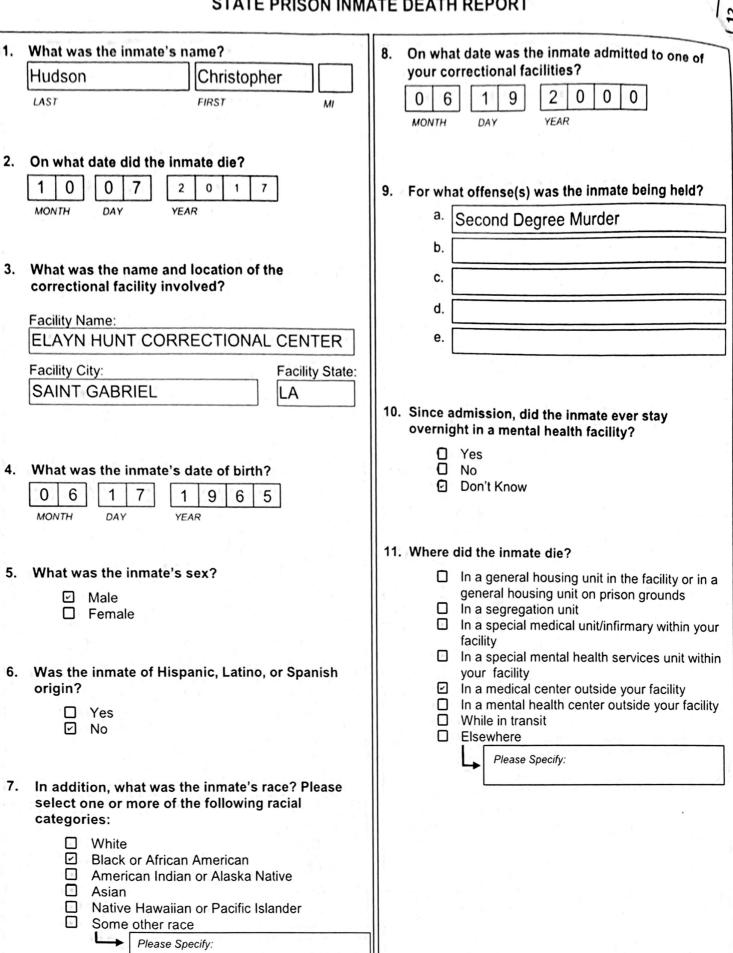
INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT



12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES ——→ CONTINUE TO Q13
Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Lung and Brain Cancer
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ————
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds ☐ ☐ In the inmate's cell/room
In the inmate's cell/room In a temporary holding area/lockup
☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY] In a special medical unit/infirmary In a special mental health services unit
☐ In a segregation unit
On death row, special unit awaiting capital punishment Elsewhere within the prison facility
Please Specify:
Trease opecity.
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere
Please Specify:
D
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16. Ex	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?						
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
	a. Evaluated by physician/medical staff	DOV			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)		
aft	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")						
- 1	■ NOT APPLICABLE—Cause of death was accide	ental injury, int	oxication, su	icide, or hom	icide		
1	 □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined 						
			3		-1		
Please	add any additional notes regarding this death here:						

Form			- 579	1121-0249 Approval Expires 03/31/2019	
Form (Adde	NPS-4A endum)		DEATHS IN CUSTO STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM COMPLE	TED BY:	
Name			7	Title	V
Official Address	\$.,	Telephone	
City	\$ -		# 15 9	FAX	
State		Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1. What was the	
1. What was the inmate's name? Hunter Richard FIRST AI On what	8. On what date was the inmate admitted to one of your correctional facilities? 1 1 3 2 0 1 3 MONTH DAY YEAR
2. On what date did the inmate die? O 1 3 1 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held?
3. What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: SAINT GABRIEL LA	
4. What was the inmate's date of birth? 0 9 0 1 1 9 5 3 MONTH DAY YEAR	10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☐ Don't Know
 5. What was the inmate's sex? 	11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race	

Please Specify:

	2. Are the
1	review of medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or medical records) available to establish an official cause of death?
	YES - CONTINUE TO 013
	Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned → CONTINUE TO Q13
1	13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary Arrest to pneumonia
	Acquired Immune Deficiency Syndrome (AIDS)
	☐ Accidental alcohol/drug intoxication [Describe] ————
	☐ Accidental injury to self [Describe] ——————
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	☐ Homicide [Describe] —————
	Other cause(s) [Specify]
.1	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the prison facility or on the prison grounds In the prison facility or on the prison grounds In the prison facility or on the prison grounds In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
11	15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? □ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related □ Morning (6 am to Noon) □ Afternoon (Noon to 6 pm) □ Evening (6 pm to Midnight) □ Overnight (Midnight to 6 am)

100
134
DE A
dition nark
L F F



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL

FORM COMPLETED BY:

Name	7 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	For a second	Title	
Official Address			Telephone	7 - 41 1 3 *** 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 ·
City			FAX	1
State	Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Husser Delbert	your correctional racimates
	LAST FIRST MI	1 0 1 9 2 0 0 4 MONTH DAY YEAR
2.	On what date did the inmate die? O 6 0 2 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. C-Behavior of Juveniles
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER	b. Aggravated Rape c. d.
	Facility City: SAINT GABRIEL Facility State: LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 1 0 7 1 9 6 5 MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know
1		11. Where did the inmate die?
5.	What was the inmate's sex? Male Female	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No	In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

Are the results of a medical examiner's or coroner's evaluation (such as an a review of medical records) available to establish an official cause of death?	utopsy, postmortem exam, or
YES CONTINUE TO Q13	
□ Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU	NUMBER CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH	OU WILL BE CONTACTED AT A
☑ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause of death—it is crit.	ical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cancer	
Acquired Immune Deficiency Syndrome (AIDS)	
☐ Accidental alcohol/drug intoxication [Describe] →	
☐ Accidental injury to self [Describe] ————————————————————————————————————	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] —————	
Other cause(s) [Specify]	
14. Where did the incident (e.g., accident, suicide, or homicide) causing the deat	h taka placa?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
☐ In the prison facility or on the prison grounds	
☐ In the inmate's cell/room	
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)	
[PLEASE	
SPECIFYI	
On death row, special unit awaiting capital punishment	
Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release or on work detail)	
Elsewhere	
Please Specify:	
	g filt for a significant or the filt of the point of the significant o
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the deatl NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-rel	
☐ Morning (6 am to Noon)	
Afternoon (Noon to 6 pm)	
_	
Evening (6 pm to Midnight)	

16.	Exclu service	ding emergency care provided a ses for the medical condition that	at the time of dea at caused his/he	ath, did the r death aft	e inmate er admis	ssion to your co	rrectional facilities?
×		NOT APPLICABLE—Cause of de	eath was accident	tal injury, in	toxicatio	n, suicide, or hon	nicide
		a. Evaluated by physician/medic b. Diagnostic tests (e.g., X-rays, c. Medications	al staff MRI)	YES	8	DON'T KNOW	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after a	he cause of death the result of a admission? (If multiple condition existing medical condition.") NOT APPLICABLE—Cause of de	ns caused the d	eath and <u>a</u>	ny of th	e conditions we	re pre-existing, mark
1		Pre-existing medical condition Deceased developed condition a Could not be determined					
Plea	se ado	any additional notes regarding thi	is death here:				A STATE OF THE STA
2. 2							

U.S. DEPARTMENT OF JUSTICE **DEATHS IN CUSTODY—2017** Form NPS-4A **BUREAU OF JUSTICE STATISTICS** STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: (Addendum) **DEATH REPORT** RTI INTERNATIONAL FORM COMPLETED BY: Title Name Official Telephone Address FAX City State Zip E-mail

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Johnson Robert	
	LAST FIRST MI	0 3 0 5 2 0 0 7 MONTH DAY YEAR
		MONTH DAT TEST
2.	On what date did the inmate die?	
	1 2 2 2 2 0 1 7	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Second Degree Murder
		b.
3.	What was the name and location of the	c.
	correctional facility involved?	
	Facility Name:	d.
	ELAYN HUNT CORRECTIONAL CENTER	е.
	Facility City: Facility State:	
	SAINT GABRIEL LA	40. 8%
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	☐ No ☑ Don't Know
	1 0 2 3 1 9 6 1	Borriniow
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a
	☑ Male☐ Female	general housing unit on prison grounds In a segregation unit
	- Tomale	In a special medical unit/infirmary within your facility
		☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility ☑ In a medical center outside your facility
	☐ Yes	☐ In a mental health center outside your facility
	☑ No	☐ While in transit☐ Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial	
	categories:	
	☐ White☑ Black or African American	
	American Indian or Alaska Native	-
	AsianNative Hawaiian or Pacific Islander	
	☐ Some other race	
	Please Specify:	

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
✓ YES — CONTINUE TO Q13
□ Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
□ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
✓ Illness—Exclude AIDS-related deaths [Specify] — Sudden Cardiac Arrest
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds ☐ ☐ In the inmate's cell/room
☐ In a temporary holding area/lockup
☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY] In a special medical unit/infirmary In a special mental health services unit
☐ In a segregation unit
On death row, special unit awaiting capital punishment Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
☐ Elsewhere
Please Specify:
AF When did Abertarity and a said and a state of the said and a state of the said and a
 15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16.	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?		
	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide		
	A Evaluated by physician/medical staff		
17.	Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.") □ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined		
Plea	se add any additional notes regarding this death here:		